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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

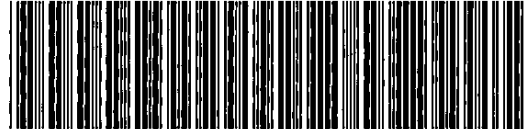
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07 FEB 12 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FF \$25<sup>00</sup>



INTERCONTINENTAL  
HOTELS GROUP

InterContinental Hotels Group  
Three Ravinia Drive  
Suite 100  
Atlanta, GA 30346-2149  
[www.ichotelsgroup.com](http://www.ichotelsgroup.com)

Writer's Direct Line  
770/604-5067  
Writer's Fax  
770/604-8442  
[Judy.Flynn@ihg.com](mailto:Judy.Flynn@ihg.com)

Via DHL Courier

February 1, 2007

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

07 FEB 12 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Re: Application By LLC For Withdrawal of Authority and Notice of  
Cancellation For Foreign Limited Partnership

Dear Sir or Madam:

The following entities are no longer doing business in the State of Florida.  
Therefore, enclosed please find a cover letter and an Application for:

- BHMC GenPar, LLC (DE)
- Bristol Management, L.P. (TX)

Also enclosed is a check in the amount of \$77.50 representing the \$25 filing fee  
for BHMC GenPar, LLC and the \$52.50 filing fee for Bristol Management, L.P.

Please return evidence of filing to me at the address above and thank you for your  
prompt assistance with this request. Call me if you have questions or concerns.

Respectfully Submitted,

Judy A. Flynn  
Corporate Paralegal

Enclosures



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BHMC Genpar, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randall S. Hammer  
(Name of Person)

InterContinental Hotels Group  
(Firm/Company)

Three Ravinia Drive, Suite 100  
(Address)

Atlanta, GA 30346  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Judy A. Flynn at ( 770 ) 604-5067  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

BHMC Genpar LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

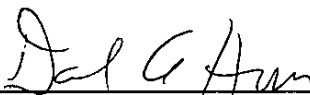
c/o InterContinental Hotels Group, Attn: Randall S. Hammer

(Mailing address)

Three Ravinia Drive, Suite 100, Atlanta, GA 30346

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of member or authorized representative of a member)

David A. Hom

(Typed or printed name of signee)

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TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**